



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

ASO 1745.1D
MCCS

27 APR 2016

AIR STATION ORDER 1745.1D

From: Commanding Officer, Marine Corps Air Station, Cherry Point
To: Distribution List

Subj: CHILD DEVELOPMENT CENTER PROGRAM (CDCP)

Ref: (a) MCO 1710.30
(b) DoD FMR 7000.14-R, "Department of Defense Financial Management Regulation," June, 2011
(c) ASO 3140.1A w/Ch 1
(d) DoDI 6060.1-M-18, "Prevention of Child Abuse and Neglect in Child Care Settings," August, 1988
(e) NAVMED P5010 w/Ch 1
(f) DoDI 6060.02, "Child Development Programs (CDPS)," April 30, 1998
(g) SECNAVINST 5720.42F

Encl: (1) Child Development Center Program Procedures Manual

1. Situation. Marine Corps Community Services (MCCS) provides child development services consisting of Child Development Centers (CDC) and Supplemental Programs and Services (SPS). The CDC provides a monthly contract program, part-day, and hourly care services. The SPS is coordinated by the Children and Youth Program Administrator (CYPA) as governed by reference (a).

2. Cancellation. ASO 1745.1C.

3. Mission. Per the references, promulgate regulations for the effective operation, management, safe facilities, healthy environments, and quality child care of the child development services aboard Marine Corps Air Station (MCAS) Cherry Point.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure CDCs and SPS are provided sufficient information pertaining to policies, procedures, and responsibilities to execute high quality, affordable child development services.

(2) Concept of Operations. The CDC Program, as established by references (a) through (e), provides quality child care to active duty military, DoD civilian personnel, Coast Guard, active duty reservists during training periods, and DoD contractors. It mandates extensive background checks, specific training, and adherence to strict guidelines and inspections. Responsibility of monitoring the program rests with the Director of MCCS, and the Director of Marine and Family Programs, for administrative and operational oversight through the Children and Youth Program Administrator (CYPA), and for daily management with CDC Directors.

b. Coordinating Instructions. See enclosure (1).

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5. Administration and Logistics

a. Questions pertaining to the contents of this Order should be directed to MCCS.

b. All forms associated with this Order may be obtained from Naval Forms Online at: <https://navalforms.documentservices.dla.mil/web/public/home>.

6. Commands and Signal

a. Command. This Order is applicable to MCAS Cherry Point, its subordinate and tenant commands, and all personnel authorized use of the Child Development Center Program.

b. Signal. This Order is effective the date signed.



TRAVIS L. POWERS
Executive Officer

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LOCATOR SHEET

Subj: CHILD DEVELOPMENT CENTER PROGRAM (CDCP)

LOCATION: _____
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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of person Incorporating Change

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Chapter 1

Child Development Center Mission

1. Purpose. The purpose of the USMC Child Development Program is to assist active duty and DoD personnel in balancing the competing demands of family life, the accomplishment of the mission, and to improve the economic viability of the family unit. United with families and the community, the Cherry Point Children and Youth Program's mission is to provide safe, affordable, quality childcare programs in full support of our families and the military mission.

2. Program Statement. The early years are truly learning years. Every moment is an opportunity to learn more about the world, practice social skills, and gain thinking skills and knowledge. The early years lay the foundation for all later learning and shape whether children succeed in school and later life. If we care about our children, we must ensure they enjoy an early childhood that prepares them to take full advantage of their educational opportunities and to become effective citizens, capable workers, and loving parents of the next generation. Our program is center-based, child initiated, teacher supported, and emphasizes active participation through individual and small groups. Appropriate curriculum is based on teacher observations and recordings of each child's special interests and developmental progress. Programs provide a wide range of developmental interests and abilities. Adults provide opportunities for children to choose from a variety of activities, materials and equipment, and time to explore through active involvement. Multicultural and non-sexist experiences, materials, and equipment are provided for children of all ages.

3. Philosophy. The Cherry Point CDC believes that a developmentally appropriate program is child centered and process oriented, enhances all domains of development, identifies and meets individual and group needs, provides concrete hands-on experiences, promotes positive strategies for guidance, and believes in the inherent importance of child development.

4. Goals. To provide a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children, while responding to the needs of families. The Child Development Program curriculum is designed to enhance a child's physical growth by providing activities and opportunities that promote a child's health and fitness through small and large muscle activities. We provide for a child's social/emotional growth by offering an inviting, pleasant environment that has many opportunities to build a child's self-esteem, as well as an atmosphere of appreciation and acceptance for diverse people and cultures. Each child's cognitive development is enhanced by providing a stimulating environment that introduces children to new experiences, and conversation with adults and other children to broaden their thinking skills. Child Development Programs are governed by reference (a), local sanitation, safety, and fire regulations. Food service guidelines are provided by the United States Department of Agriculture sponsored Child and Adult Care Food Program. Monthly and quarterly inspections are conducted by the Preventive Medicine Unit from the Naval Health Clinic, Cherry Point, Safety and Standardization Directorate, and the Cherry Point Fire Department. In addition, there are annual comprehensive, multi-disciplinary, and Headquarters Marine Corps Inspections.

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5. Child Development Program Points of Contact

Family Care Branch Manager	466-4584
Children & Youth Program Administrator	466-6181
Child Development Center 4298 Director	466-3781
Child Development Center 4298 Asst. Director	466-7874
Child Development Center 4298 Front Desk	466-3782/3783
Child Development Center 4629 Director	466-5856
Child Development Center 4629 Asst. Director	466-6886
Child Development Center 4629 Front Desk	466-3105
Child Development Center 4859 Director	466-2883
Child Development Center 4859 Asst. Director	466-2917
Child Development Center 4859 Front Desk	466-4176/3732
Hourly Care Program CDC 4629	466-3491
Resource and Referral Manager	466-5605
Resource and Referral Specialists	466/3595/5079
USDA Food Program Manager	466-6423
Training and Curriculum Specialist CDC 4629	466-6824
Training and Curriculum Specialist CDC 4859	466-2697
Training and Curriculum Specialist CDC 4298	466-3782

6. Admission

a. Eligibility. The status of the sponsor will determine the eligibility of children enrolled. Eligible patrons (sponsors) include military personnel, DoD personnel paid from appropriated funds and non-appropriated funds, active duty Coast Guard, reservists on active duty or during inactive duty training, and DoD contractors who are performing mission related duties on the Installation. Retirees may be eligible when there is no waiting list and space is available. Special needs children are evaluated to determine needed accommodations on an individual basis through the Inclusion Action Team process. Priority of access is determined by the Installation Commander based on childcare spaces and needs for mission accomplishment and maintenance of operational readiness.

b. Central Registration with Resource and Referral. Resource and Referral (R&R) serves as a central area for meeting childcare needs. All patrons desiring to use full day, part day, or hourly care programs must complete central registration through R&R, located at Marine and Family Programs, Building 232. At the time of registration, the following are required: completed registration form, current health screening, up-to-date shot records, signed payment policy, USDA and Parents Statement, Family Care Plan as needed, financial information needed to complete DD-Form 2652, and other information if requested. Parents are responsible for keeping all registration information current. R&R provides childcare information, referrals, and assistance in locating appropriate, affordable, and accessible childcare to military personnel and DoD employees, and may provide information regarding off-base childcare availability. For more information, call R&R at 252-466-3595/5079/5605.

7. Commitment to Communicate. We believe it is our responsibility to communicate with you regarding your child's experiences at the Center. Our caregivers are interested in working with you to meet your child's individual needs. There are a variety of ways that this is accomplished, including daily communications, periodic newsletters, parent bulletin boards, e-mail, instant

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alert system, and parent/caregiver conferences. Communication between parents, teachers, and staff is vital to the well-being of your child.

8. Commitment to Confidentiality. We appreciate your trust in us to take care of your children. Please know that all information you share with us is respected and will be used in a professional manner as a means to meet your child's needs. We strictly adhere to all mandates that reference confidentiality, and all of our staff will be familiar with and comply with the Privacy Act.

9. Parents as Partners. We believe that involving parents in Center activities is important for both you and your child. When parents are involved in the Center, it strengthens the continuity between a child's experiences at home and at the Center.

a. Parent Advisory Board. Information on the Parent Advisory Board (PAB) is contained in Chapter 8 of this Order.

b. Parent Participation Program. Parents are encouraged to participate in our program in a variety of ways. Upon enrollment, parents are expected to visit the Center for an orientation and tour of the facility and programs. Other opportunities include conferences, visitation, parent volunteering, participation in special events and projects, and daily communication with your child's caregiver. We also encourage parent involvement by offering them opportunities to broaden their knowledge of child development and parenting skills through resources such as the lending library, training, seminars, and other community activities. Many opportunities are provided through a cooperative effort of the MCCS Children and Youth Programs, Coastal Community Action, Inc., the Craven County Partnership for Children, and Craven County Schools, just to mention a few.

10. Curriculum. Learning in young children is a result of interaction between the child's thoughts and experiences with materials, ideas, and people. Knowledge of child development is used with an understanding about individual growth patterns, strengths, interests, and experiences to design the most appropriate learning environment. Child initiated, child directed, and teacher supported play are essential components in providing an age and individually appropriate learning situation. The Child Development Program uses the Creative Curriculum to promote the individual interests and needs of children. This curriculum uses classroom observations and assessments performed by teachers on each child to formulate schedules and lesson plans that promote the intellectual, cognitive, social, emotional, and physical development in children. A balance is created to include both active and quiet activities, and outdoor experiences are planned for children of all ages as well. Each activity room is designed to meet the needs of the age and development level of the children while respecting each child's unique style of learning. A variety of multi-cultural, nonsexist toys, equipment, and activities are available that will promote interaction between the children and the world which surrounds them. Teachers facilitate learning by guiding children to an activity center and encouraging participation. Teachers prepare lesson plans for each learning center based on the particular interests of the children and established goals. Children are allowed to make choices when selecting an activity, thus learning valuable life skills. Learning centers available are:

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a. **Dramatic Play** helps children with:

Cooperative Play	Language Development
Creativity	Role Playing
Group Decision Making	Self Concept
Interaction	Spontaneous Discussion
Encourage Ethnic Awareness	

b. **Housekeeping** helps children with:

Conversation	Cooperative Play
Family Roles	Family Chores, Events
Group Decision Making	Problem Solving
Responsibility	Self-Concept

c. **Language Activities** help children with:

Acquaintance with symbols	Comprehension
Conversation	Listening
Memory	Reading
Visual Discrimination	Writing
Imagination	Expanded Awareness of Books, Stories and Printed Materials

d. **Large Motor Activities** help children with:

Balance	Cooperative Play
Exercise	Flexibility
Motor Control	Movements
Safety	Strength

e. **Manipulatives** help children with:

Assembling	Construction
Creativity	Patterning
Part/Whole	Problem Solving
Role Playing	Small Motor Control

f. **Sand/Water Play** helps children with:

Construction	Creativity
Measuring	Motor Control
Quantity	Relaxation
Self-Confidence	Tactile Stimulation

g. **Science** helps children with:

Awareness	Describing
Discover	Experiencing
Exploring	Problem Solving
Observing	Questioning

h. **Art** helps children with:

Awareness	Creativity
Exploring Media	Language Development
Relaxation	Self-Expression
Sense of Color and Design	Small Motor Control
Self-Confidence	

i. **Blocks** help children with:

Balance	Construction
Cooperative Play	Creativity

Patterning
Self-Confidence

Problem Solving
Shape and Size

j. Books help children with
Visual Discrimination
Describing
Observing
Listening
Comprehension
Increased Ethnic Awareness

Creativity
Language
Self-Confidence
Memory
Writing

k. Music helps children with:
Auditory Discrimination
Movement
Creativity
Self-Confidence
Awareness

Rhythm
Expression
Language
Listening
Awareness of Differences

l. Computers help children with:
Fine Motor Control
Creativity
Reading
Memory
Motor Planning
Following Directions

Left/Right Orientation
Language
Symbols
Spatial Orientation
Sequencing
Self-Confidence

m. Family Style Eating helps children with:
Making Decisions
Increased Motor Skills
Taking Turns
Increased Language Skills
Increases Tolerance of
Different Foods

Cooperating
Improving Social Skills
Sequencing
Developing Self-Esteem
Discriminating

11. Sample of Daily Schedule

a. Infants. Each child has a unique schedule for eating, diapering, playing, and sleeping. Daily schedules will include times for the following: arrivals and departures, feeding, preparing and eating snacks and meals, diaper changing, toileting, indoor and outdoor play, and sleeping/naptime.

b. Pre-Toddler/Pre-School Schedule:

0600-0745 Welcome/Quiet Activities/Selected Centers
0745-0800 Prepare for breakfast/Self-help Skills
0800-0830 Breakfast
0830-0915 Self Selected Activities/Centers/Music/Art
0915-0930 Prepare for Outside
0930-1000 Outside
1000-1010 Water Break
1010-1100 Art/Centers/Group Time/Prepare for Lunch/Quiet Time
1100-1130 Lunch
1130-1145 Children Clean-Up/Self-help Skills/Prepare for Quiet Time
1145-1345 Quiet Time/Rest Time
1345-1430 Put Away Blankets/Self-help Skills/Centers/Manipulatives

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1430-1500 Snack/Children Clean-Up/Self-help Skills/ Prepare for Circle Time
1500-1520 Circle Time/Story Time/Finger-play/Discussion/Music Movement/Centers
1520-1530 Prepare for Outside
1530-1600 Outside
1600-1610 Water Break
1610-1700 Art Centers
1700-1800 Table Toys/Quiet Center/Clean-up/Prepare for Departure

c. Development Assessments. Each child is assigned a primary teacher when they are enrolled. Their teacher assesses growth using a list of developmentally sequenced behaviors. By using this check list and by having knowledge of their children's interests and needs, the teachers develop activity plans that will promote individual growth and development.

d. Conferences. Daily sharing of information during drop off and pick up are encouraged and helpful in assisting the staff in meeting your child's needs. Scheduled conferences offer the opportunity for staff and parents to take the time to plan, assess, and set goals for your child's development and growth. Conferences may be scheduled at the request of parents or staff members.

e. Rest Periods. Rest periods are scheduled for all children enrolled in full-day programs. Infants are allowed to establish their own sleeping patterns, while all pre-toddler through pre-school children on full-day programs will have a scheduled rest period. Children are not required to sleep, but must rest quietly during this time. Each child is assigned a crib or cot, and crib sheets provided by the Center are laundered daily. Soft cushions, such as comforters, thick blankets, pillows, quilts, or bumper pads are not used in cribs. Sleep sacks and wearable blankets are allowed. Parents of pre-toddler or pre-school children are asked to provide a blanket for their comfort. Blankets must be taken home weekly, laundered, and returned with your child each Monday.

f. Outdoor Play. Children should be dressed appropriately for the season regarding daily outdoor play. Children will not be kept inside if requested by parents due to staff/child ratio requirements. Children too ill to participate in the normal daily activities should be kept at home. The staff and Center Directors will determine the appropriate amount of time allowed outside during periods of extreme or inclement weather conditions. Outdoor play keeps children physically healthy and mentally well. By playing outdoors, children will clear nasal passage (which prevents colds), release pent-up energy, develop gross motor skills, and discover different sounds and smells, etc.

g. Field Trips. State regulations require children less than eight years of age to be in an approved car/booster seat. As transportation is not available to accommodate car seats, field trips for CDC will be limited to places the children can walk to. Teachers plan for and invite special visitors to the activity rooms. Parents are encouraged to participate by assisting in planning or recommending particular programs. Only television programs designed for children shall be used as part of a program activity. A maximum of 20 minutes of television or CD is allowed when scheduled and approved, as part of the lesson plan every two weeks. Hourly care programs should be planned so that children can easily move in and out of activities and should include opportunities to play with an assortment of materials arranged in interest centers following National Academy for the Education of Young Children guidelines.

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12. Programs Offered

a. Full-Day. A full-day program is available for children six weeks through five years of age and is open from 0530-1930, Monday through Friday.

b. Hourly Care. Hourly care is offered on a space available basis, with reservations being accepted up to two weeks in advance. Hourly care is available Monday through Friday, 0800-1700, and is available for children six weeks up to 12 years of age. When all spaces for hourly care have been taken for the day, a waiting list for that day will be started. If possible, patrons will be called when spaces become available. Charges will be for the time reserved at the rate per child for hourly care, or any portion thereof. Charges for hourly care must be paid when the child is picked up from the Center. Volunteers for service organizations aboard Cherry Point may make their reservations up to one month in advance. Charges for volunteers will be assessed as stated above.

c. Cancellations, Late Fees, Waiting Lists, and Withdrawals

(1) Cancellations. Cancellations must be made prior to the reservation date. Failure to make the cancellation will result in the patron being obligated to pay \$6.00 for the reserved time. Parents detained are asked to call the front desk to notify that they are running late. Patrons must pay the charges before future use of hourly care. Patrons late in picking their children up may be charged a late fee for each 15 minutes (or portion thereof). All late fees are payable at the time of pick-up of the patron's children. The CDC Director will assess emergency situations on a case-by-case basis.

(2) Waiting Lists. Once the Center reaches capacity for enrollment of any age group, we will maintain a waiting list by date of request for care. Parents can contact the R&R Specialist for waiting list information. Vacancies are filled from the waiting list by age group based on the Priority of Access per reference (a).

(3) Withdrawal. We respect a parent's right to withdraw a child from the Center. Proper notification to withdraw a child from the program, as outlined in the payment policy, is required. Please complete the withdrawal form at the CDC front desk no later than the 1st of the month for withdrawal to be effective on the 15th, and no later than the 16th of the month for the withdrawal to be effective on the 30th/31st of the month. Without appropriate notice, you will be charged for the upcoming period (1-15 or 16-30/31), whether or not your child is in attendance.

d. Exclusion. We reserve the right to cancel enrollment of a child from the Center when a parent does not adhere to Center policies, including failure to pay user fees. Further, if the individual needs of a child within group care cannot be reasonably met within budget constraints, we reserve the right to withdraw your child. When a situation is identified which could lead to withdrawal, parents will be included in a plan to rectify the issue. Should withdrawal become necessary, R&R staff will be available to render assistance in locating alternative care choices.

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13. Handling Unacceptable Behavior

a. The child guidance/discipline policy is designed to assist the child in developing self-control, self-respect, and consideration for the rights and property of others.

b. The following steps will be adhered to for the planning interventions:

(1) The teacher/provider makes known to the Training and Curriculum Specialist that there is a pattern of unacceptable behavior. Unacceptable behavior includes, but is not limited to, hitting, kicking, spitting, profane language, continued lack of respect for adults, classmates, and materials, etc. At that time, the teacher/provider will provide documentation on any incidents or accidents which have occurred, interventions that have been attempted to date, and on parent notifications.

(2) Parents are called in for a conference with management and their child's teacher/provider for the purpose of formulating a plan of action to correct any issues.

(3) With input from the teacher/provider and parents, a two week written intervention plan that includes written feedback from the teacher/provider is developed after agreement between all parties. If the improper behavior continues, a Behavior Specialist will observe, review, and interview parents/caregivers before coordinating with the Training and Curriculum Specialist to develop a behavior plan. A follow-up meeting will be scheduled if needed. Disenrollment of a child may occur at any time if the unacceptable behavior continues or if there is no parental support. Should it be necessary for the Director/Assistant Director to call the parents three times to pick up their child for undesirable behavior for which the intervention plan was developed, the child may be disenrolled from the CDC. When withdrawal becomes necessary, R&R staff will be available to render assistance in locating alternative care.

14. Financial Policies

a. Fees. As mandated by DoD regulations, fees are based upon total family income using the service member's most recent Leave and Earnings Statement (LES). A current copy of the spouse's W-2 or LES will be used to verify income for non-military personnel. All fees are payable in advance, and are due on the 1st and 16th of each month as outlined in our payment policy. Fees not paid by the 5th day following the 1st or 16th of the month will result in your child not being accepted for care until payment is made. If payment is not made in a timely manner, a pay checkage will be initiated to retrieve pending balances and the child will be disenrolled. If a change in your total family income occurs, patrons are asked to bring verification of the change in income to the Director. Fee changes will be effective for the period after documentation is provided and the Verification of Income is signed by the sponsor and spouse. Lower child care fees that are the result of changes in income are not retroactive, and patrons are requested to keep receipts for childcare services. The Center Director is available for assistance with any account issues.

b. After Hour Fees. Failure to pick up children by closing time of the program your child is enrolled in will result in a late charge for every 15 minutes you are late (or a portion thereof). A pattern of abuse of extending

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closing times for the program may result in disenrollment/loss of childcare privileges. Please notify the Center Director if, due to some emergency, you are unable to arrive by closing time so that the staff on duty may plan accordingly.

15. Operational Policies

a. Hours of Operation. The Center is open from 0530-1930 for the full-day program Monday through Friday. Hourly care operates from 0800-1700.

b. Holidays. The CDC is closed on all Federal holidays, the day after Thanksgiving, and other days as shown on the closure dates calendar. A list of closure dates will be furnished annually.

c. Arrival and Departure. For safety purposes, we require that the adults escorting children to the Center accompany them into their rooms. Parents should complete the sign-in procedures in the Center lobby and in the activity room. Parents are required to sign-out upon departure. For your child's protection, only patrons authorized by the sponsor and listed on the Registration Card may take a child from the Center. Authorized pickups must be at least 16 years of age, and identification is required before a child is released to any escort. Please note that it is against Air Station regulations to park in the fire lane, and at no time should a vehicle be left with the engine running. Children ages 10 and under are prohibited from being left unattended in a vehicle.

d. Child Custody. We respect legal decisions regarding issues of child custody. In fairness to both parents and the children involved, we require documentation of the rights of each parent in order to restrict visitations. In the event of an attempt by an unauthorized parent to remove a child by force, Center staff will not endanger other children or staff to prevent the child from being taken, and will notify the PMO immediately.

Chapter 2

Prevention of Child Abuse

1. Child Abuse and Neglect. All staff receives annual training in prevention and identification of child abuse and neglect. Staff is required by law to report any situation or condition where there is reasonable cause to suspect abuse or neglect of any child by anyone, including staff, patrons, visitors, etc.

2. Child Abuse, Neglect, and Discipline. The CDC Director will report to the CYPA any situation or condition where there is reasonable cause to suspect that child abuse/neglect has occurred. The Family Advocacy Program Manager (FAPM) will be notified to make the determination as to further action to be taken. If the FAPM is unavailable, the County Department of Social Services (DSS) will be notified. If reporting needs to occur after working hours, 911/PMO will be contacted. In any case where child abuse/neglect may be suspected, the following procedures will be followed:

a. Immediately notify and report the circumstances to the Director, CDC.

b. When the abuse/neglect is suspected to have occurred outside the CDC, the Director/Assistant Director will notify the CYPA and FAPM. The CDC Director is responsible for coordination with FAPM on who will contact DSS. DSS may conduct interviews with child development and other personnel as necessary, to determine the circumstances surrounding the suspected abuse/neglect. When criminal acts are suspected, investigation by appropriate Air Station representatives may also be conducted in conjunction with DSS.

c. When child abuse/neglect is alleged or suspected within a child development setting, CDC staff is required to report the suspected/alleged abuse immediately to FAPM via their Chain of Command. In addition, for any alleged or suspected institutional child abuse, the Installation CYTP office must complete a NAVMC 11904 and submit it to Headquarters CYTP within 24 hours, as well as a completed Incident Report Data Request. Upon employment, all CDC staff will receive a copy of the Reporting Child Abuse and Neglect Policy.

d. The CDC Director takes personnel actions as necessary. The full and part-time employee will be assigned duties in which contact with children is not possible until the investigation is finalized. The flex/intermittent employee shall not be scheduled at all. FAPM will contact civilian authorities and Air Station officials as required. All incidents and subsequent action will be documented by appropriate CDC staff. The CYPA is responsible for coordination with FAPM and the appropriate military and civilian authorities to ensure follow through on all allegations of abuse involving CDC employees. Local telephone numbers for reporting child abuse/neglect will be displayed in the CDC lobby. Continual training in the identification and dynamics of child maltreatment will be provided to all CDC staff.

e. The CDC Guidance and Discipline Policy is designed to help children develop self-control, self-respect, and appreciate the rights and property of others. This policy provides positive guidance, allows for redirection, and sets clear behavior limits. It is against CDC policy to inflict corporal punishment or humiliate or frighten children while on CDC premises. The

substantiation of use of corporal punishment by any CDC employee is grounds for immediate dismissal. This includes spanking, hitting, slapping, pinching, shaking, or any other form of physical punishment. Incidences of verbal abuse, threats, derogatory remarks, withholding or forcing meals, snacks, or naps are forbidden, and, if substantiated, are grounds for immediate dismissal. Children will not be punished for lapses in toilet training. All CDC personnel will be provided and acknowledge receipt of the Guidance, Discipline, and Touch policies prior to working with children.

f. Caregivers are to report any known circumstances of a child being left unattended to the CDC Director or Assistant Director. Caregivers are required to know the number of children in their care and are held accountable for the whereabouts of their children at all times. Should a child be left unattended, the appropriate disciplinary action will be taken.

g. Parents or guardians are prohibited from disciplining a child by striking, shaking, or any other form of physical punishment while on the premises of the CDC, which includes the playground, parking lot, and surrounding grounds. Parents/guardians will acknowledge their understanding of this policy as a part of the agreement to enroll their children in the CDC. Violation of such prohibition may result in disenrollment of their children from the CDC.

h. Children engaging in aggressive behavior (e.g., hitting, kicking, pushing or being disruptive within a group setting), will be assisted by redirecting the child toward desired activities. An Incident/Accident Report will be completed by the CDC caregiver stating the circumstances surrounding the behavior. Time-out will be used only if the child is in the situation of hurting themselves, others, or destroying property. When time-out is used, children will be given an explanation as to why they are being given the time-out period. Aggressive behavior is most often present when children lack the skills to cope with frustrating situations and are to be handled by validating the child's feelings or redirecting the child towards another activity. If there is a pattern of unacceptable behavior, including continual aggressive behaviors toward the CDC staff or other children, the child will be sent home. Conferences will be scheduled with the Assistant Director and parents to develop and implement a proactive plan of action for the child. Should the parent be notified to pick up the child three times within a two week period, the child shall be disenrolled. Disenrollment may also occur when the behavior continues with no observable progress or when parental support is lacking. For the most serious cases involving assaults upon children or staff, the Air Station Inspector has the authority to suspend or prohibit enrollment.

3. DoD Child Abuse Hotline Number: 1-800-336-4592

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Chapter 3

Destructive Weather

1. Destructive Weather. During extreme weather conditions, all facilities will remain open until directed by the Installation Commander to close. During such conditions, parents should maintain close contact with the CDC in preparation for worsening conditions and changes in operational status. Parents must provide an accurate phone number where they may be reached. Once the Commander (or their designee) has directed closure, children must be picked up immediately. Parents may call Cherry Point MCCA Operations at 252-466-6737 for the operating status.

2. Destructive Weather Plan. The following actions are required during storms or destructive weather conditions.

a. Condition V

(1) Secure from destructive weather conditions, and all threats have passed. Return to normal operations.

(2) Report all storm damage to the Director, Marine and Family Services through the CYP Administrator.

b. Condition IV

(1) Take initial precautionary measures to protect property and facilities. Conduct inspections inside and outside to determine action(s) to be taken.

(2) Review all pertinent directives.

(3) Advise all personnel concerned, of current condition.

c. Condition III

(1) Ensure all materials that are likely to be dangerous, such as flying debris, are secured and stored.

(2) Materials that can be damaged by water should be stored off the floor.

d. Condition II

(1) Send children home.

(2) Secure the CDC.

(3) Accomplish all final precautionary actions, and turn off all water and electricity. Unplug all equipment/appliances not in use unless doing so is likely to result in damage.

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Chapter 4

Health and Special Needs

1. Child Health Screening. CDC staff will observe each child upon arrival and during the day for signs of illness. Children who appear ill or who show visible signs of illness which prevents them from participating in daily activities, will be denied admission or parents will be called to pick-up their child. Any child that is ill and requires care beyond the capabilities of the CDC staff, or that may compromise the health and safety of other children in the CDC, will be denied care. A child sent home because of illness may not return unless they have a doctor's statement indicating when they may return to the CDC. A doctor's statement does not apply to children with lice or conjunctivitis. Criteria for exclusion of services are as follows (but not limited to):

a. Temperature. An oral temperature of 101 degrees Fahrenheit, or axillary temperature of 100 degrees Fahrenheit or greater.

b. Any symptoms of possible severe illness such as uncontrolled coughing, difficulty breathing, wheezing, persistent crying, irritability, lethargy, or symptoms that prevent them from participating in activities.

c. Persistent diarrhea (three runny stools within a three hour timeframe).

d. Persistent vomiting (two episodes within a three hour timeframe).

e. Infected skin with crusty patches.

f. Rash with fever or joint pain.

g. Chickenpox. Child will not be allowed back in care until all sores have dried/crusted or based on written recommendation of a health care official.

h. Measles. Child will be allowed back in care four days after onset of rash.

i. Mumps. Child will be allowed back in care nine days after the onset of parotid gland swelling.

j. Yellowish skin or eyes.

k. Impetigo or ringworm.

l. Conjunctivitis or eyes that are irritated, swollen, or with discharge.

m. Strep throat or other streptococcal infections.

n. Pertussis. Child will be allowed back in care five days after appropriate antibiotic treatment has been received.

o. Head lice, scabies, or other infestations. Child will be checked by CDC staff and may return to care when all signs and symptoms of infestation have been resolved.

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p. Thrush. Child will be allowed back in care 24 hours after treatment has begun.

q. Hemophilic Influenza Type B and Meningococcal Infection. Child will not be allowed back in care until approved by a health care official.

r. Hepatitis A virus. Child will be allowed back in care one week after onset of illness or as directed by a health care official.

s. Stitches. Child will be allowed back in care with approval by a health care official.

t. Parents of all children will be notified when children have been exposed to Bacterial Meningitis (H Influenza), Neisseria Meningitis, Pertussis, Streptococcal infections, Scarlet Fever, Chickenpox, lice or scabies, Giardia Lamb Lia diarrhea, Hepatitis A, or any other communicable disease. Preventive Medicine Services will be contacted for recommendations regarding control measures.

2. Special Needs/Handicapped Children. No otherwise qualified child, youth, or parent with a disability shall be subjected to discrimination by Children and Youth Programs. Children and youths with special needs are defined in reference (a).

a. A team of cognizant personnel will make an assessment and report up the chain of command on any child or youth who cannot be reasonably accommodated. The ability of the CDP to reasonably accommodate a special needs child will be determined by the Inclusion Action Team (IAT).

b. Parents with children who have special dietary needs will be provided with the CDC's menus in advance. It is the responsibility of the parents to make appropriate substitutions when necessary.

c. Training specific to the special needs of the individual shall be received by applicable program personnel prior to working with a special needs child or youth. Liaison will be established with the Naval Health Clinic for provision of immediate support in the event of an emergency. Availability of emergency support will be a factor in assessing the program's ability to care for a special needs child.

3. Procedures for Children with Special Needs

a. When a request for special needs care (as cited in reference (a)) is received, the IAT will make an assessment of accommodations needed. The team shall include, but is not limited to:

Child Youth Program Administrator or Representative
CDC Director or CDP Representative
Training and Curriculum Specialist or CDC Representative
Exceptional Family Member Program (EFMP) Manager
Medical Personnel
Parent/Guardian

b. Parents must acknowledge in writing, their understanding that the program is not responsible for providing the child with services beyond those typically offered other enrolled children.

c. An assessment report prepared by the CYPA and sent to the Installation Commander for determination will include the following:

- Physician's statement of the child's requirements
- Special accommodations required
- Impact of required accommodations on the CDP
- Staff training required prior to placement

d. The Installation Commander's decision to accept the child for care will consider that all the accommodating factors can be met without detrimental effects on programs for other enrolled children. If it is determined that accommodation of the special needs child would impose an undue hardship on the CDP operation, the Command will inform the Commandant of the Marine Corps (Marine and Family Programs (CMC MRY)).

e. A permanent record of the Installation Commander's decision and CMC (MRY) action will be maintained on file and will be subject to inspection review.

4. Children with Allergies. Official medical documentation is required for each child with any known allergies. All full day activity rooms have updated allergy lists posted for review before all meal services. It is standing operating procedure for all caregivers to check the allergy list before any foods are served to the children, and for the kitchen staff to review the allergy list and make appropriate food substitutes before any foods leave the kitchen. Allergic reactions are a serious medical condition. In all situations, the first response is to contact the appropriate medical authority by calling 911, stating the location of the child (CDC Building 4298, 4629, or 4859), the child's age, and the reason for the call. After medical authorities have been contacted, the child's parents will be contacted to notify them of the incident and action taken.

5. Administration of Medicine. Medication will be administered within full-day programs that enroll regularly scheduled children only. Medication will be administered only when prescribed by a physician and when there is no other reasonable alternative to the medical requirement for the child. Written permission from the parent or guardian must be obtained before administering medication. Children must be on medication at least 24 hours before dosage is administered by CDC personnel. Administration of over-the-counter medication or medications administered as required (as needed) will be limited to diaper ointment, sunscreen, and insect repellent that is approved for use on young children. Forms required for administering medication are available at the Naval Health Clinic and at the front desk of the CDC. The CDC is not permitted to make any exceptions to the administration of medication policy.

6. Oral Health. Children over one year of age enrolled in full-time care will brush their teeth after lunch. Each child will have a personally labeled toothbrush. Toothbrushes will be stored so they do not drip on other toothbrushes, will be separated from one another, exposed to air in order to dry, and will not make contact with any surface.

7. Meals and Snacks

a. Nutritious meals and snacks are an important part of your child's day. We serve meals family style in order to create a pleasant, home-like atmosphere. Breakfast is served at 8:00 AM, lunch at 11:00 AM, and afternoon snack is

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provided at 2:30 PM. Children arriving 15 minutes after meal service has begun will not be served. Monthly menus are posted in the Lobby and in each activity room, and copies are available at the front desk. All food served at the CDC meets the standards set by the U.S. Department of Agriculture. We request that parents of children 12 months and older refrain from bringing food from home unless a child requires a special diet for medical purposes.

b. To comply with licensing standards for children on special medical diets, we must have the physicians order and a copy of the diet meal plan in the child's records.

8. Health and Sanitation

a. Health

(1) Staff

(a) All staff will have a pre-employment health screening and annually thereafter. Included in the screening will be a test for Tuberculosis and any other test/immunizations deemed necessary by Preventive Medicine, Naval Health Clinic.

(b) All CDP personnel and children will comply with prescribed procedures for hand washing, which will be posted above each sink. Hand washing should take place before any food service activity (including setting the table), before and after eating meals or snacks, after handling pets or other animals, after toileting or changing diapers, before and after water play, when returning from outdoor play, and whenever hands are contaminated with bodily fluids.

(c) Common towels or face cloths will not be used. Disposable towels, liquid soap, etc., will be placed at the child's level.

(d) Smoking or use of tobacco, alcohol, and illegal drugs are prohibited in the CDP facility and on surrounding playgrounds.

(e) A first aid kit, which includes materials for emergency cleaning and protection of wounds, will be accessible to all playgrounds and at the front desk.

(2) Children

(a) No child will be admitted who is obviously ill, and CDP caregivers will screen children daily for any signs of illness.

(b) A child sent home because of illness may not return the next day unless they have a doctor's statement indicating approval to return to the CDC.

(c) School-aged children dismissed from school due to illness may not be left at the CDC.

(d) Current immunizations are required for all children.

(e) Documentation of an annual health screening will be maintained in the CDC office for each child.

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(f) Parents will be notified immediately if their child is ill or injured and receive an electronic copy of the incident/accident report (paper copies can be provided upon request).

(g) Parents will be notified when their child has been exposed to a communicable illness.

(h) Children over one year of age enrolled for full-time care will brush their teeth.

(i) All walking children will wear shoes, and all others must have foot coverings.

b. Facilities and Equipment

(1) All surfaces will be cleaned at least once per day with an EPA-approved disinfectant solution.

(2) A separate crib or cot will be assigned to each child in regular attendance.

(3) Bed linen will be changed when soiled, wet, or used by a different child. Linens and blankets will be washed weekly at a minimum when used by the same child.

(4) Cots will be cleaned at least weekly, and cribs will be cleaned on a daily basis.

(5) Hourly care programs will ensure that cribs and cots are thoroughly cleaned between each use.

(6) Parents will wash personal linens and blankets used by their same child, weekly.

(7) Diaper changing areas will be made of washable materials, which are cleaned with a bleach solution after each use.

(8) Only disposable diapers will be used unless directed in writing by the child's physician for medical reasons.

(9) All disposable diapers will be placed in containers lined with plastic and tight-fitting lids. These plastic liners will be closed and placed in outdoor refuse containers at least twice a day.

(10) All trash in activity rooms will be emptied whenever full, or twice daily, and containers cleaned as necessary. Trash in offices and adult bathrooms will be emptied daily.

c. Food Service Sanitation

(1) Food service personnel will adhere to all sanitation procedures set forth in reference (e).

(2) Food service personnel will receive basic food service training prior to beginning work and refresher training annually thereafter.

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(3) All kitchenware, eating, and drinking utensils will be thoroughly cleaned after each use.

(4) Refrigerators and freezers will be used to maintain foods at their required safety temperatures.

(5) No food items, except commercially packaged jar food and formula for infants, may be brought from home into the CDC unless a child has special dietary needs documented by a physician.

(6) Parents who choose to provide food and formula/breast milk for their infant must be prepared daily, at home, with their bottles labeled. Only commercially prepared, unopened baby food jars labeled with the child's name and date, will be accepted. Sanitation regulations require staff to discard left over food and formula/breast milk after feeding. Bottles will be labeled, dated, and require no mixing by CDC staff. All unused portions of food or formula/breast milk will be discarded at the end of each day, and not stored at the CDC unused.

Chapter 5

Safety, Security, and Bomb Threat Responses

1. Risk Management. Every effort is made to provide a safe and secure environment for our children. The CDC has a central intercom system, as well as a central fire alarm. Each activity room has exits leading directly out of the CDC, and a fence surrounding all playgrounds. All areas accessible to children are monitored by closed circuit TV. Exterior doors that do not open to a fenced area are equipped with an alarm to alert staff of unauthorized entries or exits. All visitors will be required to sign in and out of the facility and will be escorted by a staff member while on the premises. To deter child abuse in the CDC, access to children by individuals not employed by the program will be restricted. Family members may not go beyond the Lobby unless they are escorting an enrolled child to and from their activity room. Routine maintenance personnel will be identified to the staff, but will not necessarily be accompanied while performing their duties.

2. Staff/Child Ratios. The ratio of staff to children must be sufficient at all times to maintain constant supervision, and to quickly effect evacuation in the event of fire or other emergencies. The following minimum ratios shall apply at all times:

a. CATEGORY	AGES	STAFF TO CHILDREN
Infants	6 weeks - 12 months	1:4
Pre-toddlers	13 months - 24 months	1:5
Toddlers	25 months - 36 months	1:7
Preschool	37 months - 5 years	1:12
School Age	5 years and older	1:15

b. There shall be a minimum of two adults in the CDC at all times, regardless of the number of children present. Two caregivers will be present with each group of children at all times. During periods of inactivity (nap time or rest), the ratio of children (excluding infants to 24 months), may be increased by 100 percent provided additional adults are available in case of emergency. These staff members must remain in the building where the children are sleeping and be readily available in case of emergency.

c. A staffing plan is maintained which indicates that caregivers are routinely assigned to a specific group of children. Each child is assigned to a primary caregiver. To promote consistency and meet program objectives, at least one full time caregiver will be available to each age group throughout the day.

d. The number of children assigned to a group shall be limited. The following group size requirements shall be met at all times of the day, except during arrival and departure times, rest times, and social activities such as field trips.

AGES	MAXIMUM GROUP SIZE
6 weeks - 12 months	8
13 months - 24 months	10
25 months - 36 months	14
37 months - 5 years	24
5 years - 12 years	30

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e. For mixed aged groups, each CDC shall meet the group size requirement for the youngest child in the group. When the children of that age category make up less than 20 percent of the group, the group size requirement of the next highest age category may be used.

f. If more than one group occupies a single room, each group must have its own clearly defined physical space, equipment, and furnishings, unless a waiver is received from HQMC.

g. When placing children into age groups, consideration should be given to each child's physical and emotional maturity. Transition from one group to another will be based on recommendations of the caregivers and a Training and Curriculum (T&C) Specialist.

3. Background Checks. The Crime Control Act of 1990 mandates that all employees who come in contact with children in the CDC must have a completed background check before being left alone with them. Background investigations are initiated by the applicable personnel office in conjunction with a local records check conducted by the Command Security Manager. Background checks are renewed every five years.

4. Fire Safety Procedures

a. The Fire Inspector will conduct fire drills once a month and the results will be kept on file for two years.

b. The Fire Inspector will train all personnel in proper evacuation procedures, and evacuation plans will be posted in each room.

(1) All personnel in the buildings, including staff, children, parents, and visitors must vacate the building during a fire drill. Re-entry will be upon guidance from the Fire Inspector only.

(2) All doors will be maintained in good working order. Exits will be unlocked while children are in the CDC.

(3) All appliances will be electrically grounded and inspected monthly by the Fire Inspector.

(4) All personnel will be trained in the proper use of fire extinguishers.

(5) Emergency numbers will be posted on every telephone and on the wall behind each telephone.

5. Evacuation and Relocation Procedures. In the event of an emergency requiring relocation of children, the following procedures will be observed:

a. Children will evacuate the building by following the established procedures.

b. Motor Transport will be contacted to provide emergency transportation vehicles.

c. Children and staff will be transported to the Station Theatre.

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d. Parents will be notified to pick up their children immediately.

6. Facility and Child Safety Procedures

a. The facility will be maintained in good condition.

b. All cleaning equipment and supplies will be kept out of reach of children. Custodial and classroom supplies will be stored in a locked closet or storage room. No flammable, poisonous, or caustic materials will be stored outside the facility.

c. Disinfecting solutions will be made from 1/4 cup of liquid bleach to one gallon of water and should be changed daily. Containers for this solution will consist of spray bottles, which are appropriately labeled, dated, and stored inaccessible to children. Safety Data Sheets (SDSs) will be maintained for any custodial supplies utilized in the CDC.

d. Children are not allowed in the kitchen or storage areas.

e. All floors must be kept clean, in good repair, and free from slippery substances.

f. All cribs, cots, furniture, and linen will be kept clean and in good repair.

g. Playground Areas

(1) Playground fencing will be checked for sharp edges.

(2) Playground equipment will meet Consumer Product Safety Commission guidelines.

(3) Cushiony material under play equipment will be checked to ensure that adequate protection is provided, and additional material will be added if needed.

(4) Playground surfaces must be maintained free from holes, branches, and other tripping hazards.

(5) Children will swing with their bottoms in the seat, and only caregivers will push the swings.

(6) Fall zones around the swings must remain free of other activities.

(7) Children will not be permitted to throw sand, or walk up the slides.

(8) Children will not push or crowd children climbing on the equipment.

(9) Children will not be permitted to climb on fences.

h. A written report will be made after any accident or incident. Parents will be notified immediately if a child is injured. All incident/accident reports are maintained electronically, and parents may request a copy of the report.

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7. Security Procedures

a. All visitors must identify themselves, the purpose of their visit, log in and out of the CDC, wear a visitor's badge, and be escorted around the facility and its grounds. Routine maintenance personnel will be identified to the staff but will not necessarily be accompanied while performing their duties.

b. All staff members and volunteers must wear nametags at all times which identifies them as employees.

c. All parents will sign their children in and out of the CDC and escort them to and from their activity areas. Identification cards will be shown to CDC activity room staff daily, upon pick up.

d. Parents must notify the CDC in writing when anyone other than the parents will pick up their child. The alternate must have proper identification and will be asked to show it to a staff member. Assigned pickups must be at least 16 years of age. In the event that a non-custodial parent attempts to take a child from the CDC without written authorization, PMO, and the custodial parent(s) will be notified immediately. If physical force occurs, the CDC will not endanger other children or staff members to prevent the parent from taking the child from the premises.

e. The PMO will be called when any child is left at the CDC for more than one hour after closing. Staff will try to locate the parents.

f. The CDC monitoring system is utilized at all times when children are present. Parents are afforded the opportunity to observe their child's activity room when requested.

8. Lockdown Procedures for Children and Youth Programs

a. In the case of an identified threat to children or personnel, the following procedures are to be initiated:

(1) A command of "Lockdown" will be issued by the manager in charge over the intercom system or by voice.

(2) Upon hearing the command "Lockdown," all personnel in charge of children will immediately lock all doors to their activity rooms or areas. During this incident, only authorized emergency responders will be allowed access to the building.

(3) Once doors are secured, children will be gathered into a space not in sight of windows or doors. Staff members will keep the children as quiet as possible and out of view of anyone outside the activity rooms.

(4) Staff not in an activity room with children will seek concealment in a secure office space, closet, restroom, or the nearest activity room not already secured.

(5) Once the command Lockdown has been sounded, no one is to unsecure any room until told to do so by the Commander on scene or their representative.

(6) As the manager is sounding the command to Lockdown the building, either they or an assigned staff member will make a call to 911. This line is

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to remain open and the staff member is to remain in contact with the 911 operator until told to secure by on site emergency response personnel.

(7) Emergency response personnel will assume control once they are on site and will coordinate with the manager on duty. In the event the manager becomes incapacitated, the next senior supervisor will assume control. If possible, and at the first opportunity, the CYPA will be notified of the situation. Once on site, the CYPA will be the point of contact for all emergency response personnel.

(8) At each Center administration office, a detailed floor plan of the building will be available to the onsite commander.

(9) All parents should be directed to the evacuation site once it is identified. This message will be broadcasted by all means possible to include, but not limited to, the Blackboard Connect Communication System, emergency responders at the scene, Children and Youth personnel, PAO and MCCS Marketing, and MCCS/MCAS chains of command.

(10) If evacuation is necessary, all staff members are to exit the building with their respective children as indicated by the CYPA or designee under the direction of the emergency response site commander.

(11) Evacuation sites will be determined according to the situation, with the following sites being recommended:

(a) If an event occurs at one or all of the CDC's, all children and staff will evacuate to the Station Theatre.

(b) If an event occurs at the Cherry Tree House, all children and staff will evacuate to the Marine Dome or Station Theatre.

(c) If an event occurs at the Community Center located in Nugget Cove Housing, all children and staff will evacuate to the Station Theatre.

1. Once all staff and children are at the evacuation site, they are to remain with their specific caregivers until picked-up by an authorized adult. Everyone picking a child up will be required to show identification and sign the child out to include time of pick-up.

2. No child will be left unattended or placed in the care of anyone except CYP staff.

3. Since communication will likely be limited, staff members are to follow directions given by emergency responders or CYP managers only. All staff is to identify (by physical presence), the person providing any instructions. At no time will staff follow any commands given over the building intercom or by phone from someone not identified as CYP administration or emergency responders. Personnel will take great measures not to expose themselves or the children in their care to any potential danger.

9. Bomb Threat Response. A bomb threat can be received as a suspicious package, a written message, or by telephone call. In the event a bomb threat is received by mail/package, CDC personnel will not handle the material. The CDC management and PMO should be notified immediately at extension 911. The receiver of a telephone bomb threat should follow the bomb threat checklist,

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which is posted by each telephone. In the event of evacuation, no electrical equipment should be touched, a closed sign will be placed on the entrance of the CDC, all doors and windows will remain unlocked, and fire drill procedures will be followed with activity rooms exiting in the normal manner through the play yard gates, at least 750 feet away from the CDC. Rooms A through E from Building 4298 will cross the street and proceed to the grassy area adjacent to the Gas Station. All other rooms in Building 4298 and all rooms from Building 4629 will evacuate in the opposite direction toward the Exceptional Family Member Program (EFMP) office and Athletic Park. PMO will conduct a search of the CDC and the Director and will authorize re-entry based upon the recommendation of the PMO.

Chapter 6

Training, Programs, and Program Policies

1. Orientation. Appropriate CDC staff will provide orientation to newly hired personnel before they are allowed to provide care for children. The orientation will contain 40 hours during the first 90 days of employment, to include the following:

- a. Position overview.
- b. Applicable regulations and installation policies.
- c. Child health and safety.
- d. Child abuse/neglect prevention, identification, and reporting.
- e. Age-appropriate guidance and discipline.
- f. Parent and family relations.
- g. Fire prevention, protection, emergency evacuation, and safety procedures.
- h. Accident reporting procedures.
- i. Appropriate and inappropriate ways of touching children.
- j. Health and sanitation procedures, including personal hygiene, and sanitation principles.
- k. A minimum of four hours of observation in a child activity room.

2. Initial Training. All caregiving staff will complete a minimum of 36 hours of initial training within their first six months of employment. First aid, CPR, child abuse/neglect prevention, and emergency medical procedures must be completed within 60 days of employment. Annual renewal of CPR is a condition of employment. Caregivers failing to renew CPR or first aid will be taken off the schedule until their renewal is completed. Additional training includes child growth and development, age appropriate activities for children, classroom management and child guidance, special needs, food handling, nutrition, and meal service requirements. Following initial training, each caregiver will participate in a minimum of two hours of module training each month.

3. DoD Caregiver Training Program. All direct care personnel will participate in ongoing training which includes the DoD Caregiver Training Program. Satisfactory completion of this program is a condition of employment and is evidenced by documentation of completed competency assessments in the caregiver's training file. Module completion is mandatory for all caregivers, and they will be required to demonstrate competency in 13 training modules through documented observations.

4. Ongoing Caregiver Training. Upon completion of the modules, caregivers will be required to complete two hours of specialized training each month.

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5. Food Service Personnel Training. All food service personnel must be thoroughly trained in personal hygiene and food sanitation, and will receive a minimum of six hours initial training. A minimum of four hours of refresher and other related training is required annually.

6. Management Training. The CYPA, CDC Director, CDC Assistant Director, and T&C Specialist will participate in 12 hours of ongoing annual training provided by HQMC and national/local professional organizations such as National Association for the Education of Young Children (NAEYC) or local affiliates.

7. Support Staff Training. The T&C Specialist will develop, implement, and maintain Individual Development Plans (IDP's) for CDC support staff to include, but not limited to, operations clerks and receptionists for a minimum six hours of job related training on an annual basis.

8. Parent Participation Program. Parents shall be offered the opportunity to be involved in quality assurance and provide feedback to staff and providers through parting questionnaires and annual patron surveys. One CDP administrative staff member will be assigned as Parent Participation Coordinator and have the primary responsibility for the Parent Participation Program. The Parent Advisory Board (PAB) will work with the Parent Participation Coordinator to develop the plan and oversee the implementation. The plan will encourage parents to volunteer in CDP activities and attend special events which includes field trips, special curriculum programs, special projects (playground improvement, facility cleanup), and educational workshops.

a. The Parent Participation Program will include goals and objectives, educational activities, and parent/staff communications.

b. Parents will have unrestricted access to their children and will have an opportunity to talk to their child's caregiver when the child arrives and departs. The parents of children under the age of two years will be provided daily written information on the children's sleeping and eating habits as well as other pertinent information. A parent conference for each child enrolled in regular full-time and part-time care will be offered annually, and at any other time as requested by the parents or staff.

9. Program of Activities. Each program will provide developmentally appropriate activities for each age group, which promotes the intellectual, social, emotional, and physical development of children. The objectives for full-day, part-day, and hourly care will be the same and the following will be provided:

a. A planned schedule of developmentally appropriate activities in a prepared, well-organized environment. The activities should include adequate child-sized furnishings, materials, and supplies that offer children an opportunity to engage in a variety of activities that will foster development.

b. A trained staff with knowledge and understanding of developmental stages and physical growth patterns of children.

c. Opportunities for parents to observe children and participate in their activities.

d. A balance of energetic and quiet activities.

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- e. A clean, safe, and healthy environment will be provided.
- f. Age-appropriate activities, which promote the total development of the child.
- g. At minimum, one full-time caregiver in each group will be available consistently throughout the day.
- h. Group assignments shall ensure continuity of care, with the individual needs of each child taken into consideration.
- i. Each program shall provide developmentally appropriate activities within each age group, which promotes the intellectual, cognitive, social, emotional, and physical development of children.
- j. The planned activities shall be in writing and made available to parents and will contain a description of how these activities meet developmental needs. The developmental program shall include individual and small-group experiences that are both adult and child initiated.
- k. Room caregivers in each group shall develop and have a daily lesson plan posted. Activities, such as social/dramatic play, creative art, blocks, small motor development, language development, music, and large muscle activities will be offered daily. The T&C Specialist shall assist in developing schedules to ensure they are consistent with National Academy for the Education of Young Children (NAEYC) practices.
- l. The program and environment shall be planned in such a manner as to provide each child an opportunity to develop independence. This should include responsibility for materials, personal belongings, and any other self-help activities appropriate for the child's age.
- m. Programs will include active and passive activities that promote self-esteem, self-confidence, and positive self-image. Each child should be recognized as an individual and respected for their background and choice of activities.
- n. Activities should encourage responsibility for appropriate behavioral choices. The program should reflect cultural diversity and allow opportunities for children to investigate a variety of social and cultural backgrounds.
- o. Each age group will have an opportunity to spend a portion of the day outdoors, and time scheduled outdoors is adjusted for extreme temperatures. During inclement weather, the daily schedule should include indoor activities that foster large muscle development.
- p. Only television programs designed for children shall be used as part of the program activities. A maximum of 20 minutes of television or video time is allowed when planned and approved as a part of the lesson plan every two weeks.
- q. Every full-day program will include an opportunity for a rest period. Supervised rest periods will be no more than two hours for children under the age of five who attend the CDC on a full-time basis. Children who do not sleep must have quiet time with materials or activities that do not disturb the children who are resting.

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r. Hourly care programs should be planned so that children can easily move in and out of activities, and should include opportunities to play with an assortment of materials arranged in interest centers following NAEYC guidelines.

s. Field trips will be a part of planned programs. A permission slip signed by the parent will be on file for each trip outside of the Installation. A blanket permission slip for field trips on the Installation will be provided by the parent/guardian during the child's CDC registration process.

10. Infant/Toddler Care. Each group of infants, pre-toddlers, and toddlers shall have at least one regularly assigned full-time caregiver so there is consistency in staff and stability.

a. Infants will be allowed to form and follow their own normal sleep and feeding schedules. During the registration process, parents should be asked to provide the child's schedule so that it can be adhered to within the group setting. Infants will be placed on their backs to sleep (unless indicated otherwise per physician's written instruction), and will not remain in cribs when awake.

b. Throughout the day, children will receive physical contact and attention such as being held, walked, talked to, etc. Adults will frequently talk and sing to children to encourage speech and language development.

c. Infants and toddlers will be encouraged to play with a wide variety of developmentally appropriate toys and materials. Activities will be provided which develop large and small muscles.

d. Each day non-walking children shall have the opportunity for freedom and movement, such as crawling in an open space that is uncluttered, and will be scheduled for daily outdoor activities.

e. Parents are responsible for supplying diapers for infants accordingly. Baby powder is known to cause lung irritation and will not be used, and pure cornstarch is not allowed. Toilet training will occur in a manner and time frame consistent with the child's developmental readiness. A plan will be coordinated between caregiver and the parents to provide consistent routines.

f. Infants requiring bottle feedings shall be fed on demand and will be held for feedings. Food provided by parents is limited to infant formulas and unopened jars of baby food. Parents must prepare bottles daily, label and date them, and must not require CDC staff to mix them. Infants on breast milk will follow Food Allergy SOP, and children on solid foods will be fed according to the group schedule. The CDP staff is not allowed to save unused portions of food or formula.

11. Program Policies

a. Discipline. CDC staff is interested in promoting self-control and appropriate social behavior in children, and positive methods are used to encourage these developmental behaviors. CDC staff members do not practice corporal punishment or other frightening and humiliating disciplinary techniques. Positive methods are used to redirect inappropriate behaviors. For more detailed information regarding discipline, the CDC policies on child guidance, discipline, and touch are available to all patrons.

b. Toilet Training. CDC staff assists and supports parents' toilet training efforts and will not start toilet training in the CDC until both the child's parents and caregivers feel they are ready. Only disposable diapers will be used unless otherwise directed by the child's physician for medical reasons. Several pairs of training/rubber pants should be provided when your child begins toilet training. Pull-ups are an option only when used in conjunction with a documented toilet learning plan. Sufficient change of clothing should be provided to allow for frequent accidents. Please discuss training techniques with your child's caregiver so they can experience continuity in adult expectations in this important area.

c. Clothing. Dress your child in clothing that is comfortable for a variety of active and sometimes messy activities. Please provide a complete change of clothing appropriate for the season and remember to mark your child's name clearly on all articles of clothing. Please replace clothing articles if they are sent home soiled. For your child's safety, no thongs, flip-flops, or sandals should be worn. To promote self-help skills, we discourage sending a child in clothing they are unable to manage, such as snowsuits, belts, or one-piece clothing.

d. Jewelry. Please do not allow your child to wear jewelry to the CDC. This is discouraged because it is easily lost and can be a safety issue. Infants will not be accepted with any kind of jewelry. Please note this includes infants' hair ribbons, bows, barrettes, and rubber bands.

12. Celebrating Holidays. Holidays are viewed as special times to celebrate, and as opportunities to teach and help children understand and gain an appreciation of various traditions and cultures. If you have ideas, artifacts, etc., related to a specific holiday or cultural celebration, please inform the caregivers so these celebrations can be as enriching as possible. If you do not celebrate holidays, please discuss your wishes with your child's caregiver.

13. Birthdays. Children in each activity room who have a birthday during the given month will celebrate their birthday with a cake prepared in the CDC kitchen on the last Friday of each month. Parents are welcome to bring in special napkins, decorations, or share a special activity for the monthly birthday celebrations. We ask that you not issue invitations to private parties through the CDC in order to protect the self-esteem of all children.

14. Personal Belongings. Children are allowed to bring personal items or toys to share during "Show and Tell" on designated days. Caregivers will inform parents about these special days. Please do not allow your child to bring personal items to the CDC except at these times. To avoid loss and confusion, label all personal items. Breakable objects, money, toy guns, gum, candy, or projectile toys are not allowed, and we ask that you speak to your child's caregiver regarding any special considerations.

15. Field Trips. Program of activities includes visits to unique places within the community. Special precautions are taken to ensure the safety of children on field trips. Parents will be notified in advance of planned trips and will be required to give written permission. The participation as chaperones for parents is encouraged and is coordinated through your child's caregiver.

16. Outdoor Play. Your child's experiences on the playground at the CDC are an important part of our program and their development. The playground is viewed as an extension of the activity room. It combines opportunities for

exploration, creativity, and play. We are required to take children outside each day, weather permitting, and ask that children are dressed appropriately for outside play. Due to staffing demands, it is impossible to allow children to stay inside while their group is outside. If your child is too ill to participate in the daily schedule of outdoor activities, they should remain at home.

17. Photographing Children. Parents will be notified in advance of any individual not associated with the CDC who wishes to photograph children or CDC activities. Parental permission will be obtained prior to photographing by such individuals.

18. Compliant Procedures. Any complaints, comments, or suggestions for improvement should be brought to the attention of the CDC Director/Assistant Director to ensure expeditious resolution. We welcome patron input and encourage use of the ICE System, located on the MCAS Cherry Point website. We have a commitment to continuous quality improvement of all of the services we provide.

19. Resource and Referral Services. The Resource and Referral Service consist of Resource and Referral Assistance, Parent Participation and Volunteer Services, Babysitter Training Information and Referral Service, facilitation of Parent Babysitting Co-Ops, and Short-Term Alternative Child Care (STACC). The Resource and Referral Office is located in Building 232, telephone 252-466-5605/3595/5079.

a. Resource and Referral Assistance includes child care information and referral for the local area, assistance in locating appropriate, affordable and accessible child care, assistance in selecting center or home care, and babysitter referrals.

b. Parent Participation and Volunteer Services includes parent training, the parent resource library, and volunteer training.

20. Parent Babysitting Co-Ops. Provide assistance with organization and equipment loans.

21. Short-Term Alternative Child Care (STACC). Care provided after hours if the CDC is unavailable. Provision of STACC during CDC hours of operation is contingent upon availability of staff.

22. Volunteers. The use of volunteers is encouraged as a means of providing additional support to the program by assisting in the care of children with special needs, field trips, or conducting special activities or lessons. At no time shall volunteers be left with the sole responsibility of children or be without supervision of qualified staff. All volunteers are required to complete an eight hour orientation class and four hours of observation as required by reference (a). Training shall include information on Center policies, procedures, and protecting the health and safety of children. Volunteers are also subject to background screening.

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Chapter 7

Administration of Medication

1. Designated personnel are authorized to administer medication within the CDC according to a physician's instructions. Individuals administering medication will have received prior specialized training and will update their training annually.
2. Written permission from a parent or guardian must be obtained before administering medication using the "Release of Liability to Administer Medication" form. This form must have specific directions, be completed in full, and signed by their health care provider.
3. Children need to have been on medication at least 24 hours before CDC personnel may administer any dosage.
4. CDC staff can only administer medications on the authorized medication list. The Head, Pharmacy Department, Naval Health Clinic, Cherry Point, must review medications not included on this list and recommendations must be forwarded, in writing, to the CDC. Administration of over-the-counter or Pro re nata (PRN/as needed) medication **WILL BE LIMITED TO** topical creams and ointments, sunscreen, and insect repellent that is already approved for use on young children. The appropriate "Release of Liability Form" must be completed prior to administering over-the-counter medication.
5. Medication is required to be:
 - a. In the original container with a childproof cap.
 - b. Dated with the physician's name and instructions for use.
 - c. Labeled with the child's name, medication name, and dosage strength.
 - d. Stored according to instructions. All medications will be stored in a locked box. Medications for children will be stored at the front office or in a separate, secured container in the designated refrigerator. Children, ages pre-toddler and older, will be given medications at the front office.
6. Medication will be returned to parents at the end of the specified time, or upon termination of their child's attendance in the CDC.
7. All medication administered will be recorded using the "Record of Medication/Consent to Administer" form.
 - a. Each medication to be administered will require a separate form, which may be used for a one month period. Certain "non-toxic" medication requires a doctor's note of one year in duration. The form will be maintained and filed in each child's folder monthly or upon completion of the medication period.
 - b. When the medication is administered, the time of each dosage and the initials of the person administering the medication will be entered.

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Chapter 8

Parent Advisory Board (PAB) Program

1. The Parent Advisory Board (PAB) will serve as a collaborative effort between parents and the Children, Youth and Program (CYP) management staff to provide the best possible care to children within the confines of orders and regulations. The PAB acts in an advisory capacity, providing recommendations for improving services in child development programs operated aboard the Installation only. They will not, as a group, attempt to engage in the management and operation of the CYP.

2. The Board shall be composed only of parents of children in CYP that are military service members, retired service members, spouses of military service members or retired military service members, and chaired by such. Membership will terminate upon disenrollment of their children from the CDC and School Age Care (SAC). All parents or guardian members are voting members. Ex-officio, non-voting members, at a minimum, should be the CYPA or one CYP management staff member.

a. Members will vote on PAB office holders annually, during the first quarter of the fiscal year, which begins 1 October.

b. All elected PAB Officers will be approved by the Family Care Program Manager prior to taking office. If a position is vacant, the Family Care Program Manager or their designee can assign a replacement from a willing pool of parent volunteers to keep the PAB active, if necessary.

c. All voting issues must pass by simple majority. Minutes and election of officers of the PAB must pass by a two-thirds vote of the PAB. The Chairman will not be considered a voting member except in the event of a tie.

d. Fund raising by the PAB is not authorized.

3. Offices of the PAB consist of a chairman, vice-chairman, and secretary. Officers shall be elected by the PAB membership or may be appointed by the CYPA or Family Care Branch Manager if a position is vacant, until the end of a term. A term is considered to be one year for each office.

a. The chairman shall preside over the meeting unless they are not able to attend, in which case the vice-chairman will oversee. The chairman will set the agenda, keep the meeting on schedule and adjourn the meeting at the scheduled time.

b. The chairperson will review all meeting agendas at least one day prior to the meeting with the CYPA.

c. The chairperson will provide an advanced copy of all official correspondence to the Family Care Program Manager for review prior to publication.

d. The vice-chairman will exercise all powers and duties of the chairman in their absence. In addition, the vice-chairman will chair the Parent Participation Program, which consists of activities and projects that encourage parent volunteers within CYP's.

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e. The secretary will maintain the minutes of all PAB meetings and provide a copy to the CYPA within one week of the meeting. The secretary will also maintain copies of all PAB business, which includes agendas, minutes and correspondence. All PAB correspondence will be kept on file by the CTPA electronically and exclude any Personal Identifiable Information (PII).

4. The PAB will meet quarterly, at a minimum.

a. The PAB shall forward recommendations for improving services to the Installation Commander, via the CYPA, for review and disposition.

b. The CYPA will be responsible for reporting back to the PAB on the status of any recommendations that have been submitted at each meeting.

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APPENDIX A

Medication List

(Revised 7/2/2014)

Prescribed Medication

Acetaminophen (Tylenol, Panadol)
 *Adderall
 Albuterol (Proventil, Ventolin, Xopenex)
 Amoxicillin (Amoxil)
 Amoxicillin-Clavulanate (Augmentin)
 Atarax (Hydroxyzine)
 Azithromycin (Zithromax)
 Bacitracin Ointment
 Bactroban Ointment
 Benadryl (Diphenhydramine)
 Cefaclor (Ceclor)
 Cefadroxil (Velocef)
 Cefalexin (Keflex)
 Cefixime (Suprax)
 Cefpodixime (Vantin)
 Cefprozil (Cefzil)
 Cefurozime (Ceftin)
 Chlorpheniramine (CTM, etc)
 Ciprofloxacin (Cipro)
 Clarithromycin (Biaxin)
 Clioquinol Cream (Vioform, Vioform HC)
 Clonidine (Catapres)
 Clotrimazole Ointment
 Cloxacillin (Cloxapen)
 Cromolyn Sodium (Intal), Inhaled only
 Desonide Cream (Desowyn)
 Dicloxacillin (Dynapen)
 Epi-pen (Epinephrine Injectable)
 Erythromycin (EES, E-Mycin, etc.)
 *Focalin (Dexmethylphenidate Hydrochloride)
 *Happy Honey Cream
 Hydrocortisone Cream, with or without moisturizer
 Ibuprofen (Motrin)
 Methylphenidate (Ritalin)
 Metoclopramide (Reglan)
 Neosporin Ointment

Prescribed Medication (Continued)

*Nystatin Cream
 Pemoline (Cylert)
 Phenobarbital (Luminal)
 Sulfisoxazole (Gantrisin)
 Triamcinolone (Westcort)
 Trimethoprim-Sulfamethoxazole (TMP-SMX, Septra, Bactrim, Co-Trimoxazole)
 Valporic Acid (Depakote, Depakene)
 Zantac (Ranitidine)

Diaper Creams and Lotions

*Over-the-counter diaper creams and lotions made *without* nut products are approved for use.

Topical Creams

Sunscreen-approved for children
 Insect repellent- approved for children
 Lip balm

Emergency Medication

Epi-Pen (Epinephrine Injectable)
 Benadryl (Diphenhydramine)
 *Diazepam (Diastat Rectal Gel)

Diaper and topical creams require yearly prescription renewal, instead of the required monthly renewal. It is the parent's responsibility to make the CDC/FCC providers aware of any medication changes and supply the appropriate documentation as needed.

*Additions/changes to previous list approved by Medical Liaison; update to Air Station Order (ASO) will occur upon next review

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**CHILDREN AND YOUTH PROGRAM
RELEASE OF LIABILITY TO ADMINISTER MEDICATION****(TO BE COMPLETED BY HEALTH CARE PROVIDER)**

Child's Name: _____

Authorized Medication: _____

Reason for Medication: _____

Dosage: _____

Time Administered: _____

Dates Authorized: _____ TO _____

I, _____
(Health Care Provider's Name), hereby certify that no reasonable alternative is available to satisfy the medical

required for the aforementioned child. Further, I certify that it is not reasonable, nor medically sound to adjust the medication schedule so that the prescribed medication need not be administered by CDC/FCC staff.

Health Care Provider's Signature_____
Date.....
(TO BE COMPLETED BY PARENT OR GUARDIAN)

In consideration of the authorized personnel of Marine Corps Air Station, Cherry Point, North Carolina, CDC/FCC dispensing medication to my child, I, the undersigned, do hereby release the United States, Department of Defense, Department of the Navy, United States Marine Corps, and their subdivisions, military and civilian personnel, agents and assigns from any and all liability for any sickness, physical or mental injuries, death, or any and

all damages that result to _____ which occurs

Name of child

Age

from said personnel administering _____

Name of medication

I understand, and have been instructed by my child's Health Care Provider, about the potential side effects and negative reactions that could result from the use of the medication named herein. I have provided the personnel at the CDC/FCC the following restrictions and instructions in administering the above referenced medication to my child.

Restrictions: _____

I understand that by signing this document, I am WAIVING MY RIGHT, AND THE RIGHTS THAT MIGHT BE ASSERTED BY MY CHILD, OUR FAMILY, HEIRS, EXECUTORS, SUCCESSORS, AGENTS, ASSIGNS, AND ALL OTHER RESPONSIBLE PARTIES ACTING ON OUR BEHALF, TO SEEK RECOVERY FOR INJURIES UNDER THE FEDERAL TORT CLAIMS ACT, OR OTHERWISE THAT MY CHILD MAY INCUR AS A RESULT OF RECEIVING THIS MEDICATION FROM CDC/FCC PERSONNEL, WHO MAY OR MAY NOT BE MEDICALLY LICENSED OR CREDENTIALLED, AND THAT I ASSUME ALL RISKS OF INJURY ASSOCIATED THEREWITH.

(Printed Name of Parent/Guardian)_____
(Parent/Guardian Signature, Date)_____
(Printed Name of Witness)_____
(Witness Signature, Date)

APPENDIX B
**CHILDREN AND YOUTH PROGRAM
RELEASE OF LIABILITY FOR SKIN CARE PRODUCTS**

ASO 1745.1D
27 APR 2016

(To be completed by parent/guardian)

I am requesting that _____
(Name of item being administered)

be applied to my child, _____
(Child's name)

at the following times, _____
(Directions for Administering)

I, the undersigned, so hereby release the United States Government, Department of Defense, Department of the Navy, United States Marine Corps, and their subdivisions, military and civilian personnel, agents, and assigns from any and all liability for any sickness, physical and mental injuries, death, or any and all damages that result to my child which occurs from CDC personnel administering the above.

(Parent/Guardian Signature)

Date

(Printed Name of Parent/Guardian)

(Signature of Witness)

Date

(Printed Name of Witness)

Diaper and topical creams require yearly prescription renewal, instead of the required monthly renewal. It is the parent's responsibility to make the Children and Youth Program personnel aware of any medication changes and to bring in appropriate documentation as needed.

ASO 1745.1D
27 APR 2016

[illegible]

APPENDIX B
Children and Youth Programs
MCAS Cherry Point
Cherry Tree House

ASO 1745.1D
27 APR 2016

**Before and After School Transportation (On and Off Air Station)
Release from Liability/Hold Harmless Agreements/Disciplinary Actions**

Child's Full Name (Please Print) _____ School _____

Child's Full Name (Please Print) _____ School _____

SCHOOL TRANSPORTATION

SCHOOL YEAR 20 ____ - 20 ____

I hereby agree to release and hold harmless the United States Government, including the United States Marine Corps (USMC), Marine Corps Community Services (MCCS), Children and Youth Programs (CYP), their employees, agents, successors, and assigns, from any and all claims, damages, liabilities, losses, injuries, deaths, costs, and expenses including attorney's fees, and costs of suits arising out of or claimed, on account of any transportation provided to my youth by the United States Government, including the USMC, MCCS, CYP and their employees, and agents, from school during the school year.

I understand that in transporting my youth, the United States Government is not acting as a common carrier for hire, and does not bear the liabilities attached to the status. I further understand that the United States Government is providing this transportation gratuitously. I voluntarily accept said transportation on my youth's behalf, and acknowledge that I am under no compulsion to do so.

I further understand that by accepting said transportation, I incur no obligation towards the United States Government except as imposed by this release. I agree that this release not only binds myself, but also my family, heirs, assigns, administrator, and executor.

RELEASE FROM LIABILITY/HOLD HARMLESS AGREEMENT

I hereby agree to release, indemnify, defend, and hold harmless, the United States Government, including the USMC, MCCS, CYP, and their employees, agents, successors and assigns, from any claims, damages, liabilities, losses, injuries, deaths, costs, and expenses, including attorney's fees, and cost of suits arising out of or claimed on account of my youth's participation in the MCCS Children and Youth Programs.

DISCIPLINARY ACTIONS

Discipline and self-control, also known as social competence, is an important part of the curriculum and one of the most important life skills. Our shared goal is to nurture and assist each youth in developing life-long social skills, where youth learn how to negotiate issues, take turns, communicate effectively, develop and maintain friendships, and follow rules. The following disciplinary action plan will help ensure your child is provided the opportunity to learn these skills in a safe environment.

1. **First Offense:** Verbal warnings and redirection.
2. **Second Offense:** The youth may be placed in time-out, asked to clean/restore the area, etc. The School Age-Care (SAC) Counselor will inform the parents when the youth is picked up at the end of the day.
3. **Third Offense:** The youth will be sent to the Director or Manager for reflection and time-out in order to regain self-control. An Incident/Accident report will be completed and shared with their parents by the Director.
4. **Fourth Offense:** The youth will be sent to the Director's Office. The Director will inform the parents about the infractions. The youth may be sent home for the rest of the day.

If inappropriate behaviors continue, the Director will schedule a parent conference with the Children and Youth Programs team to create a Behavior Modification Plan (BMP). If there is no improvement after the BMP or if there is no support from the parents, suspension or termination from the program may occur.

Verbal threats, physical altercations, and/or destructive behaviors will not be tolerated, and are grounds for immediate dismissal.

I have read and reviewed this policy with my child and we agree to comply as stated above.

⇒ Sponsor/Guardian's Printed Name _____

⇒ Sponsor/Guardian's Signature _____ Date _____

**Children and Youth Program
MCAS Cherry Point****Discipline and Touch Policy****CHILD GUIDANCE AND DISCIPLINE POLICY**

Our goal is to promote self-control and appropriate social behavior in children/youth. We use positive methods to encourage development of these behaviors. Positive guidance helps children learn what is acceptable and what is not, and helps children learn to make their own decisions.

Childcare providers set behavior limits based on positive guidance and redirection as they focus on teaching rather than punishing. Aggressive behaviors are most often present when children lack the skills to cope with frustrating situations and are to be handled by validating the child's feelings and/or redirecting the child to another activity. Time out should be used appropriately. Time out should only be used as a last resort, and only if the child is hurting themselves, hurting others, or destroying property.

Verbal abuse (including yelling or raised voices, threats, and derogatory remarks) and any type of physical punishment (such as squeezing to cause pain, jerking or pulling a child, slapping, hitting, restricting a child's movement, or placing a child in an isolated/confined space) are all forbidden and are grounds for immediate dismissal. Withholding or forcing meals, snacks, or naps are also forbidden.

Our guidance strategies include:

- Use of clear directions
- Communication of age appropriate positive expectations and consequences
- Modeling appropriate verbal responses to conflicts
- Positive reinforcement
- Listening to the child
- Avoiding labeling of children
- Providing challenging activities or redirecting to alternate activities
- Ignoring behavior when appropriate to do so

TOUCH POLICY

Physical contact is important for a child's development. A child/youth's self-esteem grows when they are cared for in a loving manner. Holding hands, a pat on the back, a reassuring hug (lasting 3 seconds or less), and for younger children, a lap to sit on, and a reassuring back rub at nap time, are all nurturing gestures. These expressions of affection are natural for adults who work with children.

INAPPROPRIATE TOUCHING IS GROUNDS FOR IMMEDIATE DISMISSAL FOR ANY STAFF MEMBER.

Some obvious examples of inappropriate touching are:

Shoving	Biting	Squeezing	Corporal Punishment
Head and/or arm twisting	Fondling	Pinching	

DISCIPLINE OF A CHILD BY A PARENT WHILE ON CDC/CTH PREMISES

At no time will a parent or guardian discipline a child by striking, shaking, or any other form of physical punishment while on the premises of the Child Development Center (CDC), or The Cherry Tree House (CTH), to include the playgrounds, parking lots, and surrounding grounds. Violation of such prohibition may result in disenrollment of the child(ren) from the program.

REPORTING ABUSE AND NEGLECT

When child abuse or neglect is suspected, the CDC or CTH Center staff is required to report the suspected abuse/neglect immediately (same day) to the appropriate manager on duty. The Center manager will immediately (same day) notify the Family Advocacy Program located within the Marine and Family Services Building, of the suspected abuse/neglect case. A written report concerning the facts surrounding the suspected abuse/neglect will be immediately forwarded to the Family Advocacy Program Manager (same day). The Children and Youth Program Administrator will be contacted concurrently. The Center manager will inform involved staff members of the case status within 24 hours.

NO CHILD IS TO BE LEFT UNATTENDED AT ANY TIME. IF YOU COME UPON A CHILD WHO HAS BEEN LEFT UNATTENDED, YOU ARE TO REPORT THIS TO THE DIRECTOR/ASSISTANT DIRECTOR IMMEDIATELY.

ASO 1745.1D
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I have read and understand the Cherry Point Children and Youth Program Child Abuse and Discipline policies, to include the prohibition against physical punishment of children by parents or guardians while on the premises of the CDC and CTH Center, and agree to abide by the policies and regulations contained therein. I understand that violation of the prohibition against physical punishment by a parent or guardians may result in disenrollment of any child(ren) from the Child Development Center and Cherry Tree House.

Sponsor Printed Name _____

Sponsor Signature _____ Date _____

Spouse's Printed Name _____

Spouse's Signature _____ Date _____

SAMPLE

This document will be maintained in the child's official folder.
DoD Hotline: 1-877-790-1197
Cherry Point Family Advocacy: 252-466-3264

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**Children and Youth Programs
MCAS Cherry Point**

CCTV/Release from Liability (Taking of Temperatures)/Infant Sleep Policy

Release of Liability/Taking of Temperatures

I, the parent/guardian of _____ understand that neither Marine Corps nor Navy policies require the taking of children's temperatures to determine illness while enrolled for care at a military child care facility. I further understand that Children and Youth Programs (CYP) personnel take temperatures only as courtesy to the children's parents or guardians, and that a staff member will always ensure a child's parent or guardian is contacted whenever, in that staff member's opinion, a child "looks or acts sick." I also understand that it will then be my responsibility to seek further evaluation and diagnosis by an authorized medical provider.

I further understand that CYP personnel ARE NOT TRAINED MEDICAL PROVIDERS and therefore, may misreport a child's temperature due to misreading or misuse of the thermometer, or by using a defective thermometer. I also understand that injury or death could result to my child should I fail to seek medical evaluation based upon an erroneous temperature reading reported by a staff member.

Consequently, based upon my understanding of the risks involved in relying on bodily temperature readings furnished by CYP personnel, I hereby agree to release and hold harmless the United States Government, including the U.S. Marine Corps, Marine Corps Community Services (MCCS), CYP, their offices, employees, agents, personnel, successors, and assigns, from any and all claims, damages, liabilities, losses, injuries, deaths, costs, and expenses, including attorney's fees, and costs of suits arising out of or claimed on account of "courtesy temperature checks" furnished by staff members to assist in determining whether my child should receive child care or stay at home due to illness.

CCTV PROCEDURES

This Order establishes procedures for the use of Closed Circuit Television (CCTV) in Marine Corps Community Services (MCCS) Child Development Centers and Cherry Tree House Marine Corps Air Station, Cherry Point. This Order provides that parents have primary responsibility for the health, safety, and well-being of their child(ren), and that parents shall have access to their children while at the CDC and CTH Center. In the spirit of providing unrestricted access to children, parents will be allowed to view their children interacting with other children/peers and the staff by viewing their children through CCTV monitors. This is live real-time monitoring, NOT a video recorded account.

I understand the above statements regarding CCTV viewing and taking temperatures.



Parent/Guardian Signature

Date

For Parents of Infants Only:

INFANT SLEEP POSITION POLICY/PARENT'S AGREEMENT

In accordance with the American Medical Academy for Pediatrics, the National Institute of Child Health and Human Development, and the National Association for the Education of Young Children, the Children and Youth Programs at Cherry Point support and adheres to the best practices to ensure infants are well cared for and safe. Research supports that the easiest practice to lower a baby's risk of Sudden Infant Death Syndrome is to put the infant on his/her back to sleep. We support the Back to Sleep Program and will place all young infants on their backs to sleep.

I have read and understand, and agree to abide by the CTP Infant Sleep Position Policy. I understand that failure to comply with this policy will result in disenrollment.



Parent/Guardian Signature

Date